Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

95 60-007-27

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			24				ŗ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			7 0 minus 20=		·			X\$ 9=	81	OR	X\$18=	
INDEPENDENT CLAIMS			<i>3</i> minus 3 =		· 0		Ī	X40=	•	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRES			ESENT				ļ	+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL	436	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FÆE		RATE	ADDI- TIONAL FEE
	Total	. 29	Minus	**	29	=		X\$ 9=		OR	X\$18=	
	Independent	· <u>3</u>	Minus	***	3	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	II CLAIN		l	135=		OR	+270=	
							,	TOTAL		OR	TOTAL ADDIT. FEE	
ø.		(Column 1)		(Coli	umn 2)	(Column 3)		ADDIT. FEE		J	AUUII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER YIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***	(T.O) 414	=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							ן נ	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			umn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU PRE\	SHEST MBER VIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N Q	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	•••		=		X40=		OR	X80=	
\mathbb{L}	FIRST PRESENTATION OF MULTIPLE DEPENDE				NT CLAII	M			-	104		<u> </u>
	***		alou unascribe e de	0	rita "A"	column 2		+135=		OR	+270=	
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 								TOTAL		OR	TOTAL	-1
	If the mynestive	umbar Desciously	Palu For IN TH	15 SPACE	E is less th	ian 20, enter 20 nan 3, enter "3").	ADDIT. FEE	<u> </u>] 🗸 ' '	ADDIT. FEE	: